

**Somerset County Department of Social Services  
Agency Incident Report**

**TO:** Risk Management Team Leader

**FROM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

*Enter the name associated with this incident report and check the appropriate box:*

NAME	PHYSICAL INJURY	EXPOSURE TO HAZARDOUS MATERIALS OR BI-PRODUCTS	THREATS OR HARASSMENT	OTHER (EXPLAIN)

**DETAILS OF INCIDENT (use the back if necessary):**

Was emergency personnel (911) called or involved in this incident? ☐ Yes ☐ No

Was the Project Manager consulted/contacted regarding this incident? ☐ Yes ☐ No

Were any physical injuries sustained as a result of this incident? ☐ Yes ☐ No

Did any person lose time from work as a result of this incident? ☐ Yes ☐ No

What other action(s) was taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach statements from individuals who observed or were involved in the incident  
(go to next page)**

\_\_\_\_\_  
**Signature of Preparer**

